

**GRAND COUNCIL 2018**  
**OMEGA TAU SIGMA OMICRON CHAPTER**  
Grand Council 2018 Registration Information  
October 12<sup>th</sup> – 14<sup>th</sup>, 2018  
Michigan State University College of Veterinary Medicine

## Registration Information:

Cost of attendance for Grand Council 2018 is \$ 75 per person (\$55 for Michigan State attendees). Registration includes: Grand Council 2018 T-shirt, welcome packet, admission to all events, and meals provided. There are two possible methods of payment:

- 1) Pay by check to “OTS”. Please state your **name and chapter** in the memo part of the check. Checks may be mailed to:

Collin Stapleton-Reinhold  
1715 maple ridge apt 8 Haslett mi 48840

- 2) Pay by Venmo to @OTSomicron. Please state your **name and chapter** in the subject line.

\*\* All Registration (including medical release) must be received by **SEPTEMBER 28<sup>TH</sup>**. Please mail all medical release forms from the chapter in one envelope. You may send mail to Collin Stapleton-Reinhold\*\*

\*\* Please see google doc to further register and check out our Facebook event\*\*

### Events Schedule:

#### Friday (Oct. 12<sup>th</sup>)

3:00 – 8:00 pm: Hotel Check-in and Registration  
6:00 – 9:00 pm: Welcome Dinner  
9:00 pm – 2:00 am: Downtown East Lansing Bar Crawl

#### Saturday (Oct. 13<sup>th</sup>)

8:00 am – 11:00 am: Delegates meeting (Marriott Conference Room)  
9:00 am – 11:00 am: MSU CVM tours  
11:30 am – 3:00 pm: Gonzo Olympics and Lunch  
5:30 pm – 7:00 pm: Awards Banquet Dinner (MSU Union)  
9:00 pm – 2:00 am: Themed Party

#### Sunday (Oct. 14<sup>th</sup>)

8:00 am – 10:00 am: Continental Breakfast and GC Photo (Marriott)

### Hotel Options:

#### Marriott East Lansing

\$160/night for 4-person room  
300 M.A.C. Avenue MI 48823  
(517) 337-4440

#### Quality Inn University

\$110/night  
3121 E Grand River Ave, Lansing, MI 48912  
(517) 351-1440  
Breakfast Included

\*\*Transportation not provided to Gonzo Olympics

Parking is free on campus after 6pm on Friday for the weekend, and there is a parking garage (Grand River Ave) that is a 5-minute walk from the Marriott.

Deadline to sign up for group rate is 9/14!!

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**Medical Release Form**

**Participant Information**

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Address: \_\_\_\_\_ Mobile #: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_ Email: \_\_\_\_\_  
Gender (opt): \_\_\_\_\_

**Medical Emergency Contact**

Emergency contact: \_\_\_\_\_ Backup contact: \_\_\_\_\_  
Relationship: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Daytime Phone: \_\_\_\_\_ Daytime Phone: \_\_\_\_\_  
Evening Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_

**Insurance Policy Information**

Policy Holder's Name: \_\_\_\_\_ Policy Holder's DOB: \_\_\_\_\_  
Policy Holder's Address: \_\_\_\_\_ Holder's Employer: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_ Insurance Company: \_\_\_\_\_  
Relationship: \_\_\_\_\_ Company Address: \_\_\_\_\_  
Occupation: \_\_\_\_\_ Policy #: \_\_\_\_\_

**I give my permission for such diagnostic and therapeutic procedures as may be deemed necessary by Michigan State University's Student Health Services and/or any other medical facility.**

Name (print): \_\_\_\_\_  
Signature: \_\_\_\_\_  
Date: \_\_\_\_\_

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**ACCIDENT WAIVER AND RELEASE OF LIABILITY FORM**

I hereby assume all of the risks of participating in any/all activities associated with **GRAND COUNCIL 2018**, including by way of example and not limitation, any risks that may arise from negligence or carelessness on the part of the persons or entities being released, from dangerous or defective equipment or property owned, maintained, or controlled by them, or because of their possible liability without fault. I understand that my participation any activity associated with this event is optional and done at my own discretion. I certify that I am physically fit and have not been advised to not participate by a qualified medical professional. I certify that there are no health-related reasons or problems which preclude my participation in this activity. I acknowledge that this Accident Waiver and Release of Liability Form will be used by the event holders, sponsors, and organizers of the activity in which I may participate, and that it will govern my actions and responsibilities at said activity. In consideration of my application and permitting me to participate in this activity, I hereby take action for myself, my executors, administrators, heirs, next of kin, successors, and assigns as follows:

(A) I waive, release, and discharge from any and all liability, including but not limited to, liability arising from the negligence or fault of the entities or persons released, for my death, disability, personal injury, property damage, property theft, or actions of any kind which may hereafter occur to me including my traveling to and from this activity, the following entities or persons: Omega Tau Sigma Omicron Chapter, Omega Tau Sigma Nationals, Michigan State University College of Veterinary Medicine, and/or their directors, officers, employees, volunteers, representatives, and agents, and the activity holders, sponsors, and volunteers;

(B) I hereby forever indemnify, waive, release, hold harmless, discharge, and covenant not to sue the entities and persons mentioned in the above paragraph from any and all liabilities or claims made as a result of participation in this activity, whether caused by the negligence of release or otherwise. This agreement applies to personal injury including death arising from incidents, illnesses, and medical treatment, and also to any and all claims resulting from damage to, loss of, or theft of property.

I acknowledge that the above entities and their directors, officers, volunteers, representatives, and agents are not responsible for the errors, omissions, acts, or failures to act of any party or entity conducting a specific activity on their behalf. I hereby consent to receive medical treatment which may be deemed advisable in the event of injury, accident, and/or illness during this activity, and that I have provided personal insurance information to Omega Tau Sigma Omicron Chapter prior to my participation. I agree to abide by all local, state, and federal laws. I additionally agree I will not drive, operate, or be in control of any motor vehicle while I am under the influence of alcohol, any controlled substance, or any other hazardous substance that may impair my ability to drive. I understand while participating in this activity, I may be photographed. I agree to allow my photo, video, or film likeness to be used for any legitimate purpose by the activity holders, producers, sponsors, organizers, and assigns. The Accident Waiver and Release of Liability Form shall be construed broadly to provide a release and waiver to the maximum extent permissible under applicable law. I certify that I have read this document and I fully understand its content. I am aware that this is a release of liability and a contract and I sign it of my own free will.

**Participant's Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Participant's Name (Print):** \_\_\_\_\_